

Utility Service Agreement Customer Information

Date:	Account Number:	
Customer Name:		
SSN:	DL/ID:	
Date of Birth:	Phone #:	
Co-Applicant Name:		
Co-Appl. SSN:	DL/ID: _	
Co-Appl. Date of Birth:	Phone	#:
Account Address:		
Mailing Address:		
E-Mail:		
Utilities Applied for:EL	WASW	_TF/GAAL
The undersigned does hereby in Further, the undersigned agree Newton regarding service rend codes and ordinances of the Cithat I owe no existing balances for any reason my belief in thi Newton, in consideration of furth outstanding bills to my present Finally, applicant acknowledge of utilities until written applicates social security number and discollection of your electric, was pay the bill voluntarily. Using unpaid electric, water/sewer are fund that might otherwise be collection act."	es to observe all rules ardered deposits and to control ity of Newton. By sign is in the City of Newton is regard is in error, I he arnishing utility services at account for usual colletes responsibility for any action is made to terminativer's license number atter/sewer and refuse control it will allow the City to and refuse collection bit	and regulations of the City of comply with all applicable ing below, I hereby certify service jurisdiction, and if creby authorize the City of set to me, to add such ection policies to apply. If y and all consumption or use that the same. NOTICE: The will be used to facilitate collection bill if you do not to claim payment of an all from any state income tax
Applicants Signature:		
Co-Applicant's Signature:		

CONFIDENTIAL